Caring for the carers in a public health district: A wellbeing initiative to support healthcare professionals

Shamika Almeida
University of Wollongong, shamika@uow.edu.au

Alera Bowden
University of Wollongong, amrh49@uowmail.edu.au

Jason Bloomfield
jason.bloomfield2@outlook.com

Besty Jose
Besty.Jose@health.nsw.gov.au

Valerie J. Wilson
University of Wollongong, vwilson@uow.edu.au

Recommended Citation

Caring for the carers in a public health district: A wellbeing initiative to support healthcare professionals

Abstract

Abstract Aims and Objectives: The purpose of this paper is to assess the impact of the proactive organisational resource allocation in terms of a 6-week wellbeing initiative to support public healthcare professionals' workplace engagement, wellbeing and job satisfaction. Background: Burnout of healthcare professionals can be a major cost to the Australian economy and public healthcare sector. According to the social exchange theory, when healthcare professionals perceive that their organisation proactively allocates resources to caring for its employees, then they are more likely to reciprocate and become more engaged in their work roles. Design: The study used a pre and post survey of healthcare professionals who participated in the wellbeing initiative. Methods: Between February and June 2019, 172 healthcare professionals were surveyed before and after a wellbeing initiative. The survey included questions on workplace engagement, workplace wellbeing, and job satisfaction. Paired t-tests were used to determine if the difference between before and after averages were significant. The TREND statement was utilised to ensure the quality reporting of this study. Results: The wellbeing initiative had a positive impact on the healthcare professionals involved in the initiative. Nursing staff benefitted the most from the wellbeing initiative while the full-time staff members and highly experienced demonstrated an increase in engagement. Conclusion: Wellbeing initiatives can be a targeted strategy to help alleviate burnout amongst healthcare professionals and build a mutually beneficial relationship between management and employees. Relevance to clinical practice: This study shows how implementing a staff wellbeing initiative increases workplace engagement, which benefits both the individual and the organisation. KEYWORDS self-care, stress, support, nurses, burnout, fatigue, job motivation, mindfulness, work satisfaction, psychological well-being What does this paper contribute to the wider global clinical community? • In order to promote a healthy workplace culture, public health organisations need to allocate funding proactively support employee wellbeing initiatives. • In accordance with the social exchange theory, this study provides an insight into how proactive organisational resource allocation to care for its employees can influence reciprocal response from its nursing staff resulting in enhanced engagement at work. • The 'toolkit' of wellbeing skills harnessed from the 6-week initiative can be easily incorporated into the daily routines and shift work schedules of healthcare professionals.

Keywords

Publication Details

Caring for the carers in a public health district: A wellbeing initiative to support healthcare professionals

Shamika ALMEIDA[1] Shamika@uow.edu.au

Alera BOWDEN [1, 2] Alera.Bowden@health.nsw.gov.au

Jason BLOOMFIELD[1] jason.bloomfield2@outlook.com

Besty JOSE[2] Besty.Jose@health.nsw.gov.au

Valerie WILSON [1, 2] vwilson@uow.edu.au

[1]University of Wollongong, New South Wales, Australia

[2]Illawarra Shoalhaven Local Health District, New South Wales, Australia

Authors Contribution Statement

SA, AB, VW – study design, data collection, data analysis, preparation of manuscript

JB – data analysis, preparation of manuscript

BJ – data collection, data analysis and preparation of manuscript

Conflict of Interest

No conflict of interest has been declared by the author(s).

Author Note

Correspondence concerning this article should be addressed to:

Alera Bowden, Nursing and Midwifery Research Unit, Level 8 Wollongong Hospital, Crown Street, Wollongong, NSW, 2500

Email: Alera.Bowden@health.nsw.gov.au

MRS. ALERA BOWDEN (Orcid ID : 0000-0001-6863-3136)

PROF. VALERIE WILSON (Orcid ID : 0000-0001-7138-5591)

Caring for the carers in a public health district: A wellbeing initiative to support healthcare professionals

Abstract

Aims and Objectives: The purpose of this paper is to assess the impact of the proactive organisational resource allocation in terms of a 6-week wellbeing initiative to support public healthcare professionals' workplace engagement, wellbeing and job satisfaction.

Background: Burnout of healthcare professionals can be a major cost to the Australian economy and public healthcare sector. According to the social exchange theory, when healthcare professionals perceive that their organisation proactively allocates resources to caring for its employees, then they are more likely to reciprocate and become more engaged in their work roles.

Design: The study used a pre and post survey of healthcare professionals who participated in the wellbeing initiative.

Methods: Between February and June 2019, 172 healthcare professionals were surveyed before and after a wellbeing initiative. The survey included questions on workplace engagement, workplace wellbeing, and job satisfaction. Paired t-tests were used to determine if the difference

between before and after averages were significant. The TREND statement was utilised to ensure the quality reporting of this study.

Results: The wellbeing initiative had a positive impact on the healthcare professionals involved in the initiative. Nursing staff benefitted the most from the wellbeing initiative while the full-time staff members and highly experienced demonstrated an increase in engagement.

Conclusion: Wellbeing initiatives can be a targeted strategy to help alleviate burnout amongst healthcare professionals and build a mutually beneficial relationship between management and employees.

Relevance to clinical practice: This study shows how implementing a staff wellbeing initiative increases workplace engagement, which benefits both the individual and the organisation.

KEYWORDS self-care, stress, support, nurses, burnout, fatigue, job motivation, mindfulness, work satisfaction, psychological well-being

What does this paper contribute to the wider global clinical community?

- In order to promote a healthy workplace culture, public health organisations need to allocate funding proactively support employee wellbeing initiatives.
- In accordance with the social exchange theory, this study provides an insight into how proactive organisational resource allocation to care for its employees can influence reciprocal response from its nursing staff resulting in enhanced engagement at work.
- The 'toolkit' of wellbeing skills harnessed from the 6-week initiative can be easily incorporated into the daily routines and shift work schedules of healthcare professionals.

Caring for the carers in a public health district: A wellbeing initiative to support healthcare professionals

The mental and physical wellbeing of public health professionals in Australia has been expressed as a concern by various industry bodies (Australian Nursing and Midwifery Federation, 2013; Department of Health, 2014). Healthcare professionals suffer from high physical and emotional demands which can lead to stress, decreased wellbeing, decreased workplace engagement and burnout (Beyond Blue, 2013; Pham et al., 2019; World Health Organization, 2020a). In 2015, as reported by Safe Work Australia, over $540 million dollars was paid out in workers' compensation claims for work-related mental health conditions, a staggering 91% of these claims were linked to work-related stress or mental stress (Safe Work Australia, 2019).

It is critical that healthcare professionals are resourced to cope with the high demands and pressures inherent in their respective occupations (Demerouti et al., 2001; Schaufeli & Bakker, 2004). The current COVID-19 climate further highlights the importance of proactively supporting the mental health and wellbeing of healthcare professionals and ensuring they are well equipped with resources to successfully manage these unprecedented stressors (World Health Organization, 2020b). The presence of resources is known to buffer the effect of burnout in occupational settings (Bakker & Demerouti, 2007). Job Demands-Resources Model (JD-R) model states that the interaction between high job demands and a lack of job resources leads to the experience of burnout (Demerouti et al., 2001). Burnout, according to Maslach and Leiter (1997) is characterised as a syndrome consisting of three elements of emotional exhaustion, depersonalisation and reduced personal accomplishment.

Job demands are classified as the physical, social or organisational elements of a job that require a sustained physical or mental effort and are therefore associated with physiological and psychological costs (Demerouti et al., 2001). According to Tremblay and Messervey (2010) the most common type of job demands are stressors, which influence wellbeing and engagement. Resources refer to the physical, psychological and social elements of a job that achieve any of the following: 1) are functional in achieving workplace goals, 2) reduce job demands and their associated costs and 3) encourage personal growth and development (Demerouti et al., 2001; Schaufeli & Bakker, 2004). Resources are considered as not only necessary to deal with job

demands but also as important in their own right (Bakker & Demerouti, 2007). Resources exist at the organisational and interpersonal levels. They are inclusive of social support, work organisation and task levels (Bakker & Demerouti, 2007).

Background

While many studies have sought to explain the connection between the nature of employment as a health professional, burnout, wellbeing and attrition, (Beyond Blue, 2013; Hegney et al., 2014; Jourdain & Chenevert, 2010; Tait & Shanafelt, 2009) no studies that we are aware of have sought to use the allocation of resources as the nexus between a stressful and demanding work environment, burnout and wellbeing by using social exchange theory. We will examine how strategic funding and resource allocation to support employee wellbeing in the context of Australian hospitals and outpatient services can impact healthcare professionals. This paper seeks to make valuable connections between managerial decisions to allocate resources to employee wellbeing and employees' motivational responses using social exchange theory.

Workplace Engagement

Maslach and Leiter (1997) propose that burnout and engagement occupy different poles along a bipolar continuum. Schaufeli and Bakker (2004) disagree with this contention, stating that burnout and engagement do not occupy different poles; instead they represent two negatively related independent states. For such reasons Schaufeli and Bakker (2004) define engagement as a fulfilling and positive state of mind that is work-related and categorised by three elements; vigour, dedication and absorption. We tend to agree with Schaufeli and Bakker (2004) that burnout and engagement are independent states and therefore the elements of engagement should not be couched in terms reflective of their antipode, burnout. While Schaufeli and Bakker's (2004) study is limited by its cross-sectional nature and use of self-report measures it is considered as highly reliable for the purposes of this study due to its broad academic acceptance and implications for workplace engagement.

Workplace Wellbeing

Wellbeing refers to the optimal psychological experience and functioning (De Simone, 2014). According to Bassi et al. (2013) wellbeing at the workplace plays a crucial role in terms of overall life quality and satisfaction as it influences employee's self-esteem, depression and anxiety. Wellbeing at work can be expressed in terms of job meaning, that is job significance and importance, and job happiness that captures the affective experience associated with the job (Bassi et al., 2013). Likewise, wellbeing at work is a function of the work setting, personality traits and occupational stress (De Simone, 2014).

Workplace wellbeing is a broad concept that goes beyond physical or psychological symptoms (De Simone, 2014). Workplace wellbeing comprises the presence of positive conditions as well as the absence of negative situations such as stress, depression, and anxiety (Sahu & Rath, 2003). In brief, wellbeing includes a dynamic balance between mental, emotional, physical, spiritual and social health (McCarthy et al., 2011). Wellbeing at work may comprise several organisational programs such as health management programs, health promotion, and wellness programs, and are mainly focused on modifying behaviours to develop health issues or managing existing conditions (McCarthy et al., 2011; Penque et al., 2019).

Job Satisfaction

According to Lu et al. (2005) job satisfaction is the most frequently studied variable in organisational behaviour research. Traditional conceptions of job satisfaction focus upon the feelings one has about their job. According to Locke (1976) job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. An alternative definition suggested by Skaalvikil and Skaalvikl (2015) is that job satisfaction is the positive or negative evaluative judgments made about a job.

Social Exchange Theory (SET)

SET informs our understanding of the motivational impact that resources have on employees. The theory propounds that reciprocal social exchanges over time build trust and engagement (Cropanzano & Mitchell, 2005). We frame our discussion in terms of the impact of how a lack of reciprocity, determined as a lack of resource allocation for wellbeing, causes

a breach or violation of the psychological contract, leading to negative employment

outcomes such as disengagement of public healthcare professionals in the workplace (Kiazad, 2010).

According to Cropanzano and Mitchell (2005), as a conceptual paradigm, SET is highly influential with its roots tracing back to the 1920's. The theory states that human relationships are formed based on a subjective cost-benefit analysis and the comparison of alternatives. It is suggested that a cost-benefit analysis informs the way in which managers make decisions regarding the allocation of resources. Cost benefit analysis relates to the systematic evaluation of the strengths and weaknesses of alternatives (Rodrick et al., 2013). Prime facie, it would seem that where resources are not being allocated to facilitate and encourage wellbeing among populations of stressed and overworked employees that the costs of instituting such initiatives are considered to outweigh potential benefits. However, as the development of workplace wellbeing initiatives in the hospital sector are in their infancy, a cost-benefit analysis could conversely be used as an argument for the introduction of wellbeing resources. Job Resource Demand theory tells us that populations of overworked and stressed employees are likely to suffer from burnout (Bakker & Demerouti, 2007).

Methods

Aims and Objectives

The aim of the study was to examine if the six-week wellbeing initiative can improve healthcare professional's workplace engagement, workplace wellbeing, and job satisfaction.

Design

Employee wellbeing was highlighted as a priority in New South Wales (NSW) Health at the state level and Elizabeth Koff, the NSW Secretary of Health, emphasised the need for healthcare professionals to take care of themselves and care for one another (Essentials of Care showcase, 2018). The management of a local New South Wales health district demonstrated commitment to this priority, developing a 6 week wellbeing initiative that would enable healthcare professionals to take time for their own wellbeing during their shift at work. The participants volunteered to be involved in the initiative and had the opportunity to experience a range of wellbeing, stress reduction and self-compassion strategies.

In 2018 a successful pilot of the initiative was completed at one regional hospital. Based on the success of the pilot, the project received Nurse Reserve Strategy Funding (NRSF) in 2018-2019 to implement the initiative across the health district, 24 programs, including both hospital and outpatient community settings. Each program of the initiative would run for six (6) weeks with a weekly one hour face-to-face session. The six-week initiative comprised four (4) core sessions and two (2) electives. Participants collectively choose two electives from four choices that they wanted to undertake in conjunction with the four core sessions. Mindfulness and meditation were an integral part of each of these sessions. See Table 1 for further information on individual session content.

The study used a pre and post survey design with healthcare professionals who participated in a 6-week wellbeing initiative. The study compared the participants' self-reported change in their wellbeing, engagement, and job satisfaction before and after the initiative. In addition, a number of focus groups were held and this qualitative data is presented in a further publication.

Sample

A convenience sampling technique was adopted for this study. Initially, an 'expressions of interest' was sent to all services to recruit program facilitators. Eighteen (18) people attended a one day 'train the trainer' facilitator session enabling attendees with the skills to deliver the weekly wellbeing sessions within their own site or service. Once facilitators were trained, staff members within the whole local health district were given the chance to participate via an 'expressions of interest' email and initiative promotion from site managers. Staff interested in participating notified local facilitators who in turn provided participants with information sheets, consent forms, and details of individual program start dates and weekly location (determined by staff availability). Inclusion criteria included staff interested in being involved in the program and available to attend weekly sessions. Participants' were required to attend four out of the six weeks to be eligible to complete the post-survey. 232 healthcare professionals, spanning all eight hospitals and one outpatient service were recruited to participate in the study. This sample met the minimum sample size calculated at 145 paired surveys.

Data Collection

Data collection occurred from February to June 2019. Healthcare professionals (n=232) completed pre-surveys before attending their first session in week one, and post-surveys at the completion of the six week wellbeing initiative (n=172). Of the 172 participants, greater than 50% were represented by nurses; this percentage is aligned with the current local health district workforce skill mix in which this study was conducted. A unique identification code created by participants was used to match an individual's pre and post survey data. In all, 60 surveys were removed from analysis due to various reasons. For example, once committed to the initiative some participant schedules underwent changes that made them unavailable, and various participants could not remember the unique identification code they had created at the beginning of the initiative when they went to attempt completion of the post-survey six weeks later.

Instruments

Participants completed surveys containing demographic questions which included occupation, employment contract and years employed, as well as three wellbeing scales: Engagement at Work scale (UWES-17) (Bakker & Demerouti, 2008; Bakker, 2009; Schaufeli & Bakker, 2010), Workplace Wellbeing Index (Page, 2005), and Job Satisfaction Scale (Kofodimos, 1993).

The Engagement at Work scale (UWES-17) was used to measure employee engagement at work. Participants' engagement at work was measured by asking participants to report their attributes on a seven-point Likert scale from 0 (never) to 6 (always) (Bakker & Demerouti, 2008; Bakker, 2009; Schaufeli & Bakker, 2010). The higher the score reported by the participant, the more they felt engaged at work. Examples of these questions included "at my work, I feel bursting with energy", "I am enthusiastic about my job" and "I am immersed in my work" (Bakker & Demerouti, 2008; Bakker, 2009; Schaufeli & Bakker, 2010).

The Workplace Wellbeing Index scale was used to measure workplace wellbeing consisting of 15 items, measured on a seven-point Likert scale (Page, 2005). It involved two parts: work as a whole and domains of workplace wellbeing. Sample questions included "how satisfied are you with your job as a whole?", "how satisfied are you with your job security?", and "how satisfied are you with being valued as a person?" (Page, 2005).

Job satisfaction scale consisted of 7 items, using a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) (Kofodimos, 1993). It assessed how satisfied participants were with their general job, rather than with a specific facet of their work context. The correlation coefficient was greater than 0.3 and the Cronbach's alpha coefficient was 0.91 (Kofodimos, 1993). The summated scale job satisfaction index was calculated by summing the responses (on a scale of 0 to 4) and then transforming the summed scale to a ratio by dividing by 28 (4 x 7 questions) (Kofodimos, 1993).

Ethical Considerations

Ethical approval was obtained through the joint local health district and university's Human Research Ethics Committee. Written and verbal information about the study were given to all participants. The participants gave their informed consent to participate in the initiative.

Data Analysis

Each outcome measure was described using percentages, means, and standard deviations (SD). The normality of the data was assessed using skew and kurtosis analyses and was found to be normally distributed, therefore paired *t*-tests were used to analyse pre-post mean variance, with a confidence interval set at 95%. Cohen's d was also used to investigate the effect size of each result. The values were considered trivial (< 0.2), small (≥ 0.2 and ≤ 0.5), moderate (≥ 0.5 and ≤ 0.8), and large (≥ 0.8). These interpretations were recommended by Cohen (1998) and Liang et al. (1990). Statistical significance was met when $p < 0.05$. Statistical analysis was conducted using Microsoft Excel.

Validity and Reliability/Rigour

The three surveys used to evaluate the outcome measures all had high Cronbach's alphas. Engagement Index (WEI) with 17 items had 0.91, Workplace Wellbeing Index (WWI) with 15 items had 0.93 and Job Satisfaction Index (JSI) with 7 items had 0.82. As a rule of thumb, a coefficient above 0.70 is considered to be reliable. The TREND Statement checklist: Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions was utilised by authors (Supplementary File 1) (Des Jarlais et al., 2004).

<div align="center">

Results

</div>

Demographics

Although there were 232 healthcare professionals who participated in the wellbeing initiative organisation wide, only 172 post-surveys were able to be adequately matched with their pre-surveys from the 24 delivered programs. These 172 participants can be further broken down into occupation and their employment contract. Table 2 gives the description for the sample.

Workplace Engagement

Initially, a paired *t*-test was run on the full sample of each individual's paired data, then several sub-samples (Table 3). A statistically significant result was found for not only the full sample, but for each sub-sample also reported significant results. Full-time staff members benefited the most from the wellbeing initiative with a 6.11% increase in engagement after the initiative. Highly experienced staff members also showed a 6% increase in engagement after the initiative. With statistically significant results for each group and effect sizes just short of moderate, the wellbeing initiative had a positive impact on the healthcare professionals involved in the initiative.

Workplace Wellbeing

While workplace engagement was statistically significant for each sub-sample, workplace wellbeing had only significant results for nurses and the full sample (Table 4). The mean difference for the full sample being significant is likely down to the large sample size and high degrees of freedom as a result. With a small effect size, the impact of the wellbeing initiative is smaller than that on workplace engagement. However, nurses' wellbeing rose by 5.6%. A nurse's work environment can be negative due to long work hours, exhaustion, and a poor work-life balance. Any increase in a nurses' workplace wellbeing is a positive result. The confidence interval indicates that there is a 95% chance that mean difference is between the values given in table 4. If the uppermost bound of the confidence is the true mean difference, then a nurses' workplace wellbeing could increase as much as 8.86% as a result of the wellbeing initiative. These results are also evidence that wellbeing initiative could be tailored to specific groups within the health profession. While full-time and highly experienced staff's workplace wellbeing did not rise, managers can focus this initiative specifically to nurses.

Job Satisfaction

Job satisfaction followed a similar pattern to workplace wellbeing. However, full-time staff's mean difference was statistically significant (Table 5). With a 4.12% rise in job

satisfaction amongst full-time staff members and a mid-range effect size, the wellbeing initiative helped full-time staff members to feel more satisfied with their jobs. Nurses again had a significant result, with a rise of 4.69%.

Discussion

The study findings highlighted how the organisational wellbeing initiative was most beneficial for nurses. Full-time staff members also had statistically significant results for two out of the three outcome measures. The other sub-samples only had significant results for workplace engagement. While the full sample had significant results for each outcome measure, this is likely due to the higher power given by the large sample size of nursing staff in the cohort. Overall, the initiative had the highest success in increasing healthcare professional's engagement with their workplace.

We rationalise the increase in workplace engagement, wellbeing and job satisfaction of the participants to be due to several key reasons. The first key reason is the reciprocity of social exchange. Very rarely do public sector healthcare professionals receive organisational training that focuses on personal wellbeing. Much of the time, the organisational training focus on healthcare professionals' carer role and how they can improve their skill set to provide a better service to the patients and the community. Similarly, nurses are more inclined to do most of the physical work in terms of patient care. When they are given an opportunity to spend one hour to focus on their own wellbeing in a relaxing environment, it could have a significant impact on their work life (Hevezi, 2015). As per the JDR model, when a public healthcare district proactively allocate resources to staff wellbeing and senior leaders encourage staff participation in the initiative, healthcare professionals may feel that they are taken care of by the leaders and the district (Cropanzano & Mitchell, 2005), which can positively impact the workplace engagement, wellbeing and job satisfaction.

Further, we believe that the increase in nursing staff's engagement, wellbeing and satisfaction at work may be influenced by reciprocity or the act of social exchange between the organisation and healthcare professionals (Trybou et al., 2013). Reciprocity is understood in this context as a 'this for that' or quid pro quo type exchange. Blau (1964) identified two main types of exchange; social and economic. Global social exchange (between employees and the organisation), according to Eisenberger et al. (1986), impacts an employee's beliefs about the

level of concern that the organisation has for them. Blau (1964) argues that only social exchanges create feelings of trust, obligation and gratitude; purely economic transactions do not (Cropanzano & Mitchell, 2005).

The second reason for the increase in engagement, wellbeing and satisfaction maybe because the nursing staff have learnt coping strategies that increase their mental toughness (Bazarko et al., 2013; Lin et al., 2017) enabling them to learn techniques that help to self-reflect, appreciate their strengths and practice mindful meditation techniques. These coping mechanisms might benefit staff who are working full-time hours, experience burnt out due to prolonged exposure to occupational stressors (Selamu et al., 2017) and face challenging situations such as the COVID-19 pandemic.

Finally, we believe that the 6-week wellbeing initiative provided an opportunity for the participants to create a network of supportive peers and receive encouragement from supervisors to take care of oneself. The wellbeing program has provided healthcare professionals with a raft of strategies to help them deal with stress such as meditation. They will be able to draw on these strategies during the coming weeks and months as they are dealing with the implications of healthcare delivery during the COVID-19 pandemic (Greenberg et al., 2020; World Health Organization, 2020b).

According to the Conservation of Resource (COR) Theory, humans strive to protect and accumulate resources, and it predicts that employees in possession of more resources are more capable of gaining new resources (Hobfoll, 2001). Having a supportive work environment, not feeling guilty of spending time on self-care, ability to share self-care strategies with one's peers and ability to integrate what they learnt during the wellbeing program could have all helped to improve the engagement, wellbeing and job satisfaction levels of the research participants (Selamu et al., 2017).

Easily adaptable, it is the brilliant simplicity of the wellbeing program design that makes it transferable to other local health districts across the country. The program has already been shared across all of NSW Health and with colleagues in South Australia. Each organisation interested in the program has been provided with a resource package containing all session outlines in which they can contextualise to their own individual requirements.

Limitations

This study was not without limitations. The process of using a unique identification code created by the participant requires adjustments to increase paired survey success. In future studies initiative facilitators may need to encourage participants to write down their code or take a photo to ensure they remember it six week later when completing the post-survey. Additionally, pre-post survey duration was around 6-10 weeks; this only focuses on the short term outcomes of the initiative. In order to explore the sustainability of positive participant outcomes future studies should consider collecting surveys at six or even 12 months post intervention. Although our sample size was adequate and produced statistically significant results it was not our intent to generalise the findings, this could also be considered a limitation.

Conclusion

It is critical that managers understand the nature and effect of reciprocity in their organisations. When employees are confronted with high demands and a lack of resources, they may expect the organisation to engage in strategies that reduce their burden. In other words, an action by one party leads to a response by the other party. The nature of the exchange is free of explicit bargaining but rather, behaviours are contingent upon the actions of the other. This quid pro quo exchange has positive long term benefits for both the organisation and individual. Therefore, it is suggested that positive benefits will flow to both the individual and the organisation if resources are allocated toward facilitating employee wellbeing.

Relevance to Clinical Practice

While many studies have highlighted how healthcare professionals struggle with burnout (Beyond Blue, 2013; Hegney et al., 2014; Jourdain & Chenevert, 2010; Tait & Shanafelt, 2009) no studies that we are aware of have sought to use the allocation of resources as the nexus between a stressful and demanding work environment, burnout and wellbeing by using social exchange theory. This paper makes an important contribution to clinical nursing practice by facilitating a greater understanding of the interaction between resource allocation, burnout and wellbeing in the context of Australian hospitals.

The presence of resources are linked with health promotion and maintenance (Demerouti et al., 2001). Resources are conceptualised as health protecting factors that positively impact the health of employees even when demands are high (Demerouti et al., 2001). The health impairment process argues that health problems and a state of exhaustion occur as a result of the

physical and psychological costs associated with high demands (Bakker & Demerouti, 2007). Motivational processes are argued to increase work engagement as resources have the potential to motivate employees. The presence of resources is said to not only motivate employees but lower cynicism and increase performance (Bakker & Demerouti, 2007). Furthermore, resources buffer the effect of job demands on an employee's responses to stress (Tremblay & Messervey, 2010). When confronted with stressful situations where demands are high, employees with adequate resources are better able to cope (Tremblay & Messervey, 2010).

Potential financial benefits are also related to study outcomes and relevance to clinical practice. As proven by this study, healthcare professionals who feel supported by their organisation through allocation of resources are shown to have increased engagement levels in their clinical practice areas. Healthcare professionals who are engaged in their workplace are less likely to seek alternative employment opportunities (Shacklock et al., 2014; Trybou et al., 2013). As a result of increased retention rates, the burden on health organisations to recruit new employees is reduced (Shacklock et al., 2014; Trybou et al., 2013). Therefore it can be reasoned, health organisations who actively provide wellbeing and mindfulness based stress reduction initiatives for their staff have the potential to significantly reduce costs associated with new staff recruitment and on-boarding processes (Shacklock et al., 2014; Trybou et al., 2013). Thus this paper makes valuable connections between managerial decisions to allocate resources to employee wellbeing and employee's motivational responses using social exchange theory, as well as the associated potential financial benefits to health organisations.

References

Australian Nursing & Midwifery Federation. (2013, September 5). *High workloads will see more nurses quit.* http://anmf.org.au/news/entry/high-workloads-will-see-more-nurses-quit

Bakker, A. B. (2009). Building engagement in the workplace. In R. J. Burke & C. L. Cooper (Eds.), *The Peak Performing Organization* (pp. 50–72). Oxon.

Bakker, A. B., & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International, 13*(3), 209-223.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, *22*(3), 309-328.

Bassi, M., Bacher, G., Negri, L., & Delle Fave, A. (2013). The contribution of job happiness and job meaning to the well-being of workers from thriving and failing companies. *Applied Research in Quality of Life*, *8*(4), 427-448.

Bazarko, D., Cate, R. A., Azocar, F., & Kreitzer, M. J. (2013). The impact of an innovative mindfulness-based stress reduction program on the health and well-being of nurses employed in a corporate setting. *Journal of Workplace Behavioural Health, 28*(2), 107-133. https://doi: 10.1080/15555240.2013.779518

Beyond Blue (2013). *National mental health survey of doctors and medical students.* www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web

Blau, P. (1964). *Exchange and power in social life*. Wiley.

Cohen J. (1998). *Statistical power analysis for the behavioral sciences.* Lawrence Erlbaum
Associates.

Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review.
Journal of Management, *31*(6), 874-900.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-
resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499-512.

Department of Health (2014). *Nursing workforce sustainability: Improving nurse retention and
productivity, health workforce Australia.*
http://www.health.gov.au/internet/main/publishing.nsf/Content/nursing-workforce-
sustainability-improving-nurse-retention-and-productivity

Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting
quality of nonrandomized evaluations of behavioural and public health interventions: The
TREND statement. *American Journal of Public Health, 94,* 361-366.

De Simone, S. (2014). Conceptualizing wellbeing in the workplace. *International Journal of
Business and Social Science, 5*(12), 118-122.

Eisenberger, R., Huntington, R., Hutchinson, S., & Sowa, D. (1986). Perceived organizational
support. *Journal of Applied Psychology*, *71*, 500-507.

Essentials of Care showcase, (2018). Address by Elizabeth Koff, the NSW Secretary of Health,
Sydney.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental
health challenges faced by healthcare workers during covid-19 pandemic. *BMJ, 368.*

Hegney, D. G., Craigie, M., Hemsworth, D., Osseiran-Moisson, R., Aoun, A., Francis, K., &
Drury, V. (2014). Compassion satisfaction, compassion fatigue, anxiety, depression and stress
in registered nurses in Australia. *Journal of Nursing Management*, *22*(4), 506-518.

Hevezi, J. A. (2015). Evaluation of a meditation intervention to reduce the effects of stressors associated with compassion fatigue among nurses. *Journal of Holistic Nursing, 34*(4), 343-350. https://doi: 10.1177/0898010115615981

Hobfoll, S. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology*, *50*, 337–421.

Jourdain, G., & Chenevert, D. (2010). Job demands-resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International Journal of Nursing Studies, 47*(6), 709-722.

Kiazad, K. (2010). *Responses to psychological contract breach: Moderating the effects of organisational-embeddedness*. University of Melbourne Custom Book Centre.

Kofodimos, J. R. (1993). *Balancing act: How managers can integrate successful careers and fulfilling personal lives.* Jossey-Bass.

Liang, M. H., Fossel, A. H., & Larson, M. G. (1990). Comparisons of five health status instruments for orthopaedic evaluation. *Medical Care, 28*, 632–642.

Lin, Y., Mutz J., Clough P., Papageorgiou K. (2017). Mental toughness and individual differences in learning, educational and work performance, psychological well-being, and personality: A systematic review. *Frontiers in Psychology*, *8*, 1-15. https://doi.org/10.3389/fpsyg.2017.01345

Locke, E. A. (1976) The nature and causes of job satisfaction. In M.D. Dunnette (Ed.), *Handbook of industrial and organisational psychology* (pp. 1297-1343). Rand McNally.

Lu, H., While, A. E. & Barriball, K. (2005). Job satisfaction among nurses: A literature review. *International Journal of Nursing Studies*, *42*(2), 211-227.

Maslach, C., & Leiter, M. P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*, CA Jossey-Bass.

McCarthy, G., Almeida, S., & Ahrens, J. (2011). Understanding employee well-being practices in Australian organizations. *International Journal of Health, Wellness and Society, 1*(1), 181-197.

Page, K. (2005). *Subjective wellbeing in the workplace* (Unpublished Honours thesis). Deakin University. http://www.edu.au/research/acqol/instruments/index.htm

Penque, S. (2019). Mindfulness to promote nurses' well-being. *Nursing Management, 50*(5), 38-44. https://doi: 10.1097/01.NUMA.0000557621.42684.c4

Pham, C. T., Lee, C. B., Nguyen, T. L. H., Lin, J. D., Ali, S., & Chu, C. (2019). Integrative settings approach to workplace health promotion to address contemporary challenges for worker health in the Asia-Pacific. *Global Health Promotion.* https://doi.org/10.1177/1757975918816691

Rodrick, D., Patrick, N., & Adock, D. (2013). A cost-benefit analysis of document management strategies used at a financial institution in Zimbabwe: A case study. *SA Journal of Information Management*, *15*(2).

Safe Work Australia (2019, November 21). *Mental health.* https://www.safeworkaustralia.gov.au/topic/mental-health#work-related-stress

Sahu, F., & Rath, S. (2003). Self-efficacy and wellbeing in working and non-working women: The moderating role of involvement. *Psychology and Developing Societies*, *15(2),* 187-200.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organisational Behaviour*, *25*(3), 293-315.

Schaufeli, W., & Bakker, A. B. (2010). The conceptualization and measurement of work engagement. In A.B. Bakker, & M. P. Leiter (Eds.), *Work engagement: A handbook of essential theory and research* (pp. 10-24). Psychology Press.

Selamu, M., Thornicroft, G., Fekadu, A., & Hanlon, C. (2017). Conceptualisation of job-related wellbeing, stress and burnout among healthcare workers in rural Ethiopia: a qualitative study. *BMC Health Services Research*, *17*(1), 412.

Shacklock, K., Brunetto, Y., Teo, S., & Farr-Wharton, R. (2013). The role of support antecedents in nurses' intentions to quit: the case of Australia. *Journal of Advanced Nursing, 70(*4), 811-822. https://doi: 10.1111/jan.12239

Skaalvikl, E. M., & Skaalvikl, S. (2015). Job satisfaction, stress and coping strategies in the teaching profession – What do teachers say?. *International Education Studies*, *8*(3).

Tait, D., & Shanafelt, M. D. (2009). Enhancing meaning in work: A prescription for preventing physician burnout and promoting patient-centred care. *The Journal of the American Medical Association*, *302*(12), 1338-1340.

Tremblay, M. A., & Messervey, D. (2010). The job demands-resources model: Further evidence for the buffering effect of personal resources. *SA Journal of Industrial Psychology, 37*(2), 10-19. https://doi:10.4102/sajip.v37i2.876

Trybou, J., De Pourcq, K., Paeshuyse, M., & Gemmel, P. (2013). The importance of social exchange to nurses and nurse assistants: Impact on retention factors. *Journal of Nursing Management, 22*(5), 563-571. https://doi: 10.1111/jonm.12039

World Health Organization (2020a). *Burn-out an "occupational phenomenon": International classification of diseases.* https://www.who.int/mental_health/evidence/burn-out/en/

World Health Organization (2020b). *Mental health and psychosocial considerations during the COVID-19 outbreak.* https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV-MentalHealth-2020.1-eng.pdf

Table 1

Individual Session Content

Session	Content	Resources Provided
Core 1: Developing a Personal Portrait	• Introduction to program and overview of weekly sessions • Meditation activity • Personal portrait group activity • Mindfulness activity using chocolate balls	• Personal portrait question sheet • Tote Bag • Relaxation colouring book • Glitter pen set • Chocolate balls
Core 2: Gratitude	• Mindfulness/ meditation activity • Explanation of gratitude • Group discussion – benefits of exercising daily gratitude • Gratitude video screening • Group discussion – gratitude quotes	• Note pad • Pen
Core 3: Yoga	• Mindfulness/ meditation activity • Practical yoga session delivered by licenced yoga instructor • Gentle physical yoga practice • Gentle stretch and tone • Breathing practices • Relaxation exercises	• Small candle in glass jar with lid
Core 4: Understanding Triggers and Developing Coping Mechanisms	• Mindfulness/ meditation activity • Group discussion – negative triggers impacting work, self-reactions, managing situations • Mindfulness video screening • Group discussion – mindfulness techniques and tips	• Mini massage ball
Elective 1: Mindful Walking	• Mindfulness/ meditation activity • Mindfulness walking description, benefits and breathing exercises • Mindful walking activity for 15 minutes	• Nil resource provided

	• Group discussion – participants asked to describe body sensations, breathing and sensory awareness from their walk	
Elective 2: Nutrition	• Mindfulness/ meditation activity • Group discussion – health eating habits, how to achieve a balance and how to sustain health eating habits	• Nil resource provided
Elective 3: Strengths	• Mindfulness/ meditation activity • Group discussion – what is strength? • Group activity – overexercised and unrealised strengths • Operating a strength based model and challenges	• Nil resource provided
Elective 4: Hand Massage and Reflexology	• Mindfulness/ meditation activity • Group discussion – benefits and principles • Group activity – hand massage experience	• Hand cream • Face washer

Table 2

Description of Sample

	n	%
Occupation		
Nurse	97	56.40
Allied Health	26	15.12
Doctor	2	1.16
Management	12	6.98
Administration	25	14.53
Other	10	5.81
Employment Contract		
Casual	10	5.81
Casual/Part-time	2	1.16
Permanent/Part-time	54	31.40
Permanent/Full-time	90	52.33
Contract/Full-time	13	7.56
Contract/Part-time	3	1.74
Years of work		
Less than 1 year	17	9.88
1 - 5 years	51	29.65
6 – 10 years	32	18.60
11 – 15 years	29	16.86
16 – 20 years	16	9.30
Over 20 years	27	15.70

Note. N = 172

Table 3

Workplace Engagement Results

	n	Pre-treatment M	Post-treatment M	Mean difference	p	95% CI	Cohen's d
Full sample	172	4.82	5.10	0.28	0.001	0.21, 0.35	0.44
Central hub hospital	64	4.78	5.06	0.28	0.001	0.18, 0.40	0.44
Full-time staff	93	4.91	5.21	0.30	0.001	0.21, 0.39	0.48
High experience staff	71	4.83	5.12	0.29	0.001	0.20, 0.41	0.46
Nursing staff	96	4.80	5.07	0.27	0.001	0.17, 0.37	0.43

Table 4

Workplace Wellbeing Results

		Pre-treatment	Post-treatment	Mean difference	p	95% CI	Cohen's d
	n	M	M				
Full sample	169	5.29	5.54	0.25	0.001	0.12, 0.39	0.27
Central hub hospital	63	5.29	5.42	0.13	0.267	−0.10, 0.35	0.14
Full-time staff	92	5.41	5.57	0.15	0.189	−0.03, 0.34	0.17
High experience staff	70	5.32	5.55	0.23	0.134	0.00, 0.45	0.24
Nursing staff	95	5.19	5.48	0.29	0.002	0.11, 0.46	0.31

Table 5

Job Satisfaction Results

	n	Pre-treatment *M*	Post-treatment *M*	Mean difference	*p*	95% CI	Cohen's *d*
Full sample	172	4.11	4.29	0.18	0.001	0.11, 0.26	0.32
Central hub hospital	63	4.15	4.23	0.08	0.180	−0.04, 0.19	0.16
Full-time staff	92	4.13	4.30	0.17	0.002	0.06, 0.27	0.30
High experience staff	71	4.18	4.27	0.09	0.069	−0.01, 0.19	0.19
Nursing staff	96	4.05	4.24	0.19	0.001	0.08, 0.28	0.36